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Fax:	(571) 273-8300	Pages:	11 (including cover page)
Phone:		Date:	December 30, 2005

Comments: OFFICIAL FILING - RESPONSE TO NON-FINAL OFFICE ACTION

Application No.: 10/706,151 Filing Date: November 12, 2003

Title: TECHNIQUES FOR SEARCHING FOR BEST MATCHES IN TABLES OF

INFORMATION

Inventor(s): Michael R. ROTHROCK

Examiner: H. Thai
Group Art Unit: 2161

Attorney Docket No.: PORTNZ00401

Papers attached:

- 1. Transmittal 1 page
- 2. Fee Transmittal 1 page
- 3. Credit Card Payment Form 1 page
- 4. Response to Non-Final Office Action 6 pages
- 5. Extension of Time 1 page

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Under the Papapwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/706.151 TRANSMITTAL Filing Date November 12, 2003. FORM First Named Inventor Michael R. ROTHROCK Art Unit 2161 Examiner Name-H. Thai (to be used for all correspondence after initial filling) Attomey Dacket Number PORTNZ00401 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC: Fee Transmittal Form Drawing(s). Appeal Communication to Board Licensing-related Papers Fee.Attached of Appeals and Interferences. Appeal Communication to TC 1 Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information: After Final Provisional Application Power of Attorney, Revocation Slatus Letter Affidavits/declaration(s). Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request. below): 1. Credit Card Payment Form - 1 page Request for Refund Express Abandonment Request 2. Fax Cover Sheet - 1 page CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Levine Bagade LLP (Customer No. 40518) Signature Printed name Laura L. Shires Date Reg. No. December 30, 2005 52;222 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Laura L. Shires December 30, 2005 Typed or printed name

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Under the Paneowork Reduction Act of 1995, no nersons are marited to reasond to a collection of Information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/706,151 FEE TRANSMITTAL Filing Date November 12, 2003 For FY 2005 Eirst Named Inventor Michael R. ROTHROCK Examiner Name H. Thai Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2161 TOTAL AMOUNT OF RAYMENT 120.00 PORTNZ00401 Attomey Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify):__ None: Deposit Account Deposit Account Number: __ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR.1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$). Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Utility** 300 150 500 250 200 1:00 Design. 200 100 130 100 -50 65 200 100 300 160 Plant 150 80 150 300 Reissue 500 600 250· 300 100 Provisional 200 0. O. 0 Small Entity 2. EXCESS CLAIM FEES Fee (5) Fee (\$) Fee Description Each claim over 20 (including Reissues) **50** 25 100 Each independent claim over 3 (including Reissues). 200 360 180 Multiple dependent claims Fee Paid (\$) Extra Claims Multiple Dependent Claims Total Claims Fee (\$) - 20.or HP = Fee. (\$) Fee Paid (\$) 10 50 HP = highest number of total dains paid for, if greater than 20. 360 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 200 -3 or HP =0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) (round up to a whole number) x /·50 = 4. OTHER FEE(S) Fees Paid (\$) "Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One-month Extension of Time 120.00 SUBMITTED BY Registration No. 52,222 Telephone (650) 242-4211 Signature mires (Attorney/Agent) Date December 30, 2005 Name (Print/Type) Laura V. Shires

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